

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF 5 | |
|--|--|---|---|------------------------------|---|--|---|---|---|---|------------|
| 1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-P-0593</div> | | | 2. DELIVERY ORDER/CALL NO. | | 3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003OCT06</div> | | 4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> | | 5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DXA5</div> | | |
| 6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC-B CONNIE TOPP (309)782-6751 ROCK ISLAND IL 61299-7630 EMAIL: TOPPC@RIA.ARMY.MIL | | | CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div> | | 7. ADMINISTERED BY (If other than 6) DCMA DETROIT US ARMY TANK & AUTOMOTIVE COMMAND (TACOM) ATTN: DCMAE-GJD WARREN MI 48397-5000 SCD: A PAS: NONE ADP PT: HQ0337 | | | CODE <div style="border: 1px solid black; padding: 2px;">S2305A</div> | | 8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other) | |
| 9. CONTRACTOR AEROFAB COMPANY, INC 2335 GOODRICH PO BOX 20130 FERNDAL, MI. 48220-1440 TYPE BUSINESS: Other Small Business Performing in U.S. | | | CODE <div style="border: 1px solid black; padding: 2px;">01685</div> | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> | | | 11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED | |
| 14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> | | | CODE | | 15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266 | | | CODE <div style="border: 1px solid black; padding: 2px;">HQ0337</div> | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2 | |
| 16. TYPE OF ORDER DELIVERY/ CALL PURCHASE X THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation <u>DAAE2003T0332</u> , Dated _____, furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | |
| NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMDD) <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div> | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICE | | | | 20. QUANTITY ORDERED/ ACCEPTED* | | 21. UNIT | 22. UNIT PRICE | | 23. AMOUNT |
| | | SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | | 24. UNITED STATES OF AMERICA DAVE ELLIOTT /SIGNED/ ELLIOTTD@RIA.ARMY.MIL (309)782-3814 BY: CONTRACTING/ORDERING OFFICER | | | | 25. TOTAL \$2,508.00 | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED | | | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | 28. SHIP. NO. | | 29. D.O. VOUCHER NO. | | 30. INITIALS | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | | 31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | | 34. CHECK NUMBER | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | | | | | 35. BILL OF LADING NO. | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYYYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | |

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| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN DAAE20-03-P-0593 MOD/AMD | Page 2 of 5 |
| Name of Offeror or Contractor: AEROFAB COMPANY, INC | | |

SUPPLEMENTAL INFORMATION
THIS PURCHASE ORDER INCORPORATES SOLICITATION DAAE20-03-T-0332 AND ALL ATTACHMENTS THERETO.

*** END OF NARRATIVE A 001 ***

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| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN DAAE20-03-P-0593 MOD/AMD | Page 3 of 5 |
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Name of Offeror or Contractor: AEROFAB COMPANY, INC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| | SUPPLIES OR SERVICES AND PRICES/COSTS | | | | |
| 0001 | NSN: 1240-01-078-7734 FSCM: 19200 PART NR: 12282177 SECURITY CLASS: Unclassified | | | | |
| 0001AA | <u>PRODUCTION QUANTITY</u> NOUN: EYESHIELD,OPTICAL I PRON: M131A374M1 PRON AMD: 03 ACRN: AA AMS CD: 070011JE <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC | | | | |

Name of Offeror or Contractor: AEROFAB COMPANY, INC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|--------------|--------------|
| 0002 | <div>DAAE20-03-P-0593/0000</div> <div>DATA ITEM</div> <div>SECURITY CLASS: Unclassified</div> <div>Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.</div> <div>A DD 250 IS NOT REQUIRED.</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance</div> <div>INSPECTION: OriginACCEPTANCE: Origin</div> | | | \$ ** NSP ** | \$ ** NSP ** |

Name of Offeror or Contractor: AEROFAB COMPANY, INC

CONTRACT ADMINISTRATION DATA

| LINE | PRON/ AMS CD/ ITEM | OBLG ACRN | STAT | ACCOUNTING CLASSIFICATION | JOB ORDER NUMBER | ACCOUNTING STATION | OBLIGATED AMOUNT |
|--------|--------------------------|--------------|------|---------------------------|------------------------|-----------------------|---------------------|
| 0001AA | M131A374M1 070011JE | AA | 2 | 97 X4930AC6G 6D | 26FB S11116 | W52H09 \$ | 2,508.00 |
| | | | | | | TOTAL \$ | 2,508.00 |

| SERVICE NAME | TOTAL BY ACRN | ACCOUNTING CLASSIFICATION | ACCOUNTING STATION | OBLIGATED AMOUNT |
|-----------------|---------------|---------------------------|-----------------------|---------------------|
| Army | AA | 97 X4930AC6G 6D | 26FB S11116 | W52H09 \$ 2,508.00 |
| | | | | TOTAL \$ 2,508.00 |